

CLAIMS ONLY

Application Number

Filing Date

10/616,2148

Applicant(s)

• May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
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49						
50						
Total Indep	1					
Total Depend	8					
Total Claims	9					

*	Indep	Depend	*	Indep	Depend	*
51			51			
52			52			
53			53			
54			54			
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98			98			
99			99			
100			100			
Total Indep						
Total Depend						
Total Claims						